

Initial Inspection: ☒ Yes No Follow-up Inspection: Yes ☒ No Complaint: Yes ☒ No
Hazardous Waste: LDF () TSF ☒ GEN ☒ KG () SQ () UNV () NOT A GEN () OTHER () _____
Used Oil: UOG () UOT () UOM () UOP () UOB ()
Solid Waste: SLF () TRS () CDL () ILF () YWC () SWP () HHW () OBS () MTP () WTM () WTP () WTR () WTT ()

TO: Clean Harbors Kansas LLC 2, 23, 09
2549 N. New York Wichita KS 67219-4322 Sedgwick
 Facility Name Address City State Zip Code Date County

K	S	D	O	O	7	2	4	6	8	4	6
---	---	---	---	---	---	---	---	---	---	---	---

[illegible]

This inspection was conducted to determine compliance with the state and federal solid and/or hazardous waste statutes and regulations.

~~☐~~ Violations As Follows

☐ No Violations Identified

Citation

Description of Violation

①. Permit Section II, E./ Failure to comply with the 40 CFR 264.15(c) permit concerning the deterioration of Building "C" roof.

☐ Other Comments/Concerns:



3.15.07
16

This notice is provided to call immediate attention to those areas of non-compliance. This notice does not constitute a compliance order issued by KDHE and may not be a complete listing of all violations which may be identified as a result of this inspection. Your facility must submit in writing within 60 days of receipt of this notice a description of all corrective actions taken. Any corrective actions taken by your facility will be considered in subsequent enforcement follow-up.

Your response must be submitted to:

Debbie Travis
Kansas Department of Health and Environment
South Central District Office
Waste Management Program
130 S. Market, Suite 6050
Wichita, Kansas 67202-3802

If you have any questions concerning this Notice or wish to discuss your response, you may call me at (316) 337-6020 or Bureau of Waste Management in the Topeka office at (785) 296-1600.

This Notice was prepared by:

Nellie Kraw

Date 2 / 23 / 09

I, the undersigned hereby acknowledge that I have received and read this Notice.

Printed Name: James Matthew Noble

Signature: James Matthew Lee

Title: Asst. Regional General Manager

Date 02 / 23 / 09



KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

BUREAU OF WASTE MANAGEMENT
BUREAU OF ENVIRONMENTAL FIELD SERVICES



**COMPLIANCE INSPECTION CHECKLIST
HAZARDOUS WASTE COVER PAGE**

General

☒ Routine

☐ Complaint

EPA ID/Permit No. KSD 007 246 846 Time 10:20 a.m. Date 2/19/09

Facility Name Clean Harbors Kansas LLC District South Central

Street 2549 N. New York City Wichita ,KS ZIP 67219-4322

Mailing Address (if different than above) same

County Sedgwick Number of Employees 11

Phone 316-269-7418 Fax 316-269-7455 e-mail
noble.james@cleanharbors.com

Contact(s) Matthew Noble, Facility Manager Inspector(s) Debbie Travis

Type of Business Hazardous waste 10-day storage facility: Truck-to-Truck Transfer

Operating Hours and Days Monday through Friday 8:00 a.m. to 5:00 p.m.

Lat/Long Location Method: Not Available Lat/Long Location Feature: na

Latitude: (e.g. 37.57621) na Longitude: (e.g. -101.57621) na

Has the Lat/Long been entered in the SW database? Yes ☐ No ☒

Hazardous Waste Inspection:

☒ Yes ☐ No

Generator Classification: ☐ Closed/Inactive ☐ Small Qty. Generator ☒ EPA Generator
☐ Not a Generator ☐ Kansas Generator ☐ Transporter

Other Regulated Activities: ☒ T/S/D Facility ☐ Tank System ☐ Subpart BB
(complete applicable checklist) ☐ Universal Waste Activities

Has the company declared any information/processes as trade secrets KSA 65-3447? NO
If yes, explain: _____

If facility is closed/inactive, or has recently moved please provide a brief description.

Used Oil Activities: ☐ Yes ☒ No

Does the facility have a total above-ground storage capacity of used oil (excluding containers less than 55-gallons) of more than 1,320 gallons? ☐ Yes ☐ No ☒ NA

If yes, then the facility is subject to SPCC requirements due to used oil activities.

Does the facility have a SPCC Plan? ☐ Yes ☐ No ☒ NA

Facility Used Oil Activities (Attach a checklist for each one marked):

☐ Generator ☐ Collection Center / Aggregation Point
☐ Transporter / Transfer Facility ☐ Used Oil Processor / Re-Refiner
☐ Used Oil Burner (Off-Spec Fuel) ☐ Used Oil Marketer

Attach all applicable checklists.

HAZARDOUS WASTE GENERATOR COMPLIANCE INSPECTION CHECKLIST

WASTE STREAM TABLE

(List all hazardous wastes first, followed by solid wastes.)

Waste Description or Process	Hazardous Waste Codes (or universal, recycled, exempt, or non-hazardous)	Waste Determination Method (process knowledge or analytical data)	Waste Amount Generated Per Month	Waste Amount Presently in Storage	Oldest Accumulation Start Date	Present Waste Disposal Location (name of TSDF, MSWLF, recycler, etc.)
Precipitation collected in sumps located in multiple buildings and process area.	D004, D005, D006, D007	PK	700 to 2000 gallons	4 55-gallon drums	6/16/08	Clean Harbors La Porte, TX
Waste Corrosive (spill cleanup)	D002	PK	680 P one shipment	None	Na	Clean Harbors Cleveland, OH
Personal Protection Equipment (PPE)	D001, D004, D005, D006	PK	55-gallon drum every 4 to 8 weeks	5 55-gallon drums	6/14/08	Clean Harbors La Porte, TX
Lab Pak Flammable (Truck Cleanout)	D001, F003	PK	200 P	1 55-gallon drum	8/8/08	Clean Harbors Cleveland, OH
Lab Pak Corrosive (out-of-date reagents)	D002	PK	2 to 3 P	1 55-gallon drum	8/8/08	Clean Harbors Cleveland, OH
Fluorescent Lamps	D009	PK	2	12 8-foot lamps	7/21/08	Clean Harbors Cleveland, OH
Low Mercury Lamps	Non-hazardous	PK	2	None	Na	Clean Harbors Cleveland, OH
Light Ballast (non-PCB)	Non-hazardous	PK	Varies	¼ 55-gallon drum	9/2/08	Clean Harbors Cleveland, OH
Empty Propane Cylinder	Non-hazardous	PK	2 or 3 per year	3	2/20/08	Clean Harbors Cleveland, OH
Empty Aerosol Cans	Non-hazardous	PK	5 to 10	30-gallon drum	8/8/08	Clean Harbors La Porte, TX
Solid Waste (office trash)	Non-hazardous	PK	Varies	20-gallon cubic yard container	Na	Waste Management Wichita, KS

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
BUREAU OF WASTE MANAGEMENT

HAZARDOUS WASTE T/S/D FACILITY
COMPLIANCE INSPECTION CHECKLIST

(NOTE: Permit conditions take precedence over requirements set forth in this checklist.)

General

EPA ID KSD 007 246 846 Time 10:20 a.m. Date 2/19/09 ^{+23 dx}

Facility Name Clean Harbors Kansas, LLC District SCDO

Street 2549 N. New York City Wichita Kansas Zip 67219

Mailing Address (if different than above) same

County Sedgwick Phone 316 269-7400

Contact(s) Matthew Noble, Facility Manager

Inspector(s) Debbie Travis SIC: _____

Type of Business Hazardous Waste 10-day Transfer Facility Number of Employees 11

Has the company declared any information/process as trade secrets (KSA 65-3447)? NO
If yes, explain: _____

Activity at Site

Treatment

<input type="checkbox"/> Chem/Phys/Bio Treatment	<input type="checkbox"/> Incineration	<input type="checkbox"/> Thermal Treatment
<input type="checkbox"/> Containment Building	<input type="checkbox"/> Recycling/Recovery	<input type="checkbox"/> Volume Reduction
<input type="checkbox"/> Filtration	<input type="checkbox"/> Reprocessing	<input type="checkbox"/> Other _____

Storage

<input type="checkbox"/> Containment Building	<input type="checkbox"/> Surface Impoundment	<input checked="" type="checkbox"/> Other <u>Boxes</u>
<input checked="" type="checkbox"/> Drums	<input type="checkbox"/> Tank(s) (complete applicable checklist)	
<input type="checkbox"/> Pile		

Disposal

<input type="checkbox"/> Deep Well Injection	<input type="checkbox"/> Landfill	<input type="checkbox"/> Surface Impoundment
<input type="checkbox"/> Incineration	<input type="checkbox"/> Land Treatment	<input type="checkbox"/> Other _____

Comments:

Waste Analysis Plan (DGS)

YES NO NA

- 1 Does facility maintain a copy of its waste analysis plan at the facility?
[264.13(b)/265.13(b)] [X] [] []
- a. If yes, does the plan include:
- A. Parameters for which each hazardous waste will be analyzed and rationale for the selection of these parameters? [(264.13(b)(1)/265.13(b)(1))] [X] []
- B. Test methods which are used to test for these parameters?
[264.13(b)(2)/265.13(b)(2)] [X] []
- C. Sampling method used to obtain sample? [264.13(b)(3)/265.13(b)(3)] [X] []
- D. Frequency with which the initial analysis will be reviewed or repeated to ensure the analysis is current? [264.13(b)(4)/265.13(b)(4)] [X] []
- E. For off-site facilities, the waste analyses that generators have agreed to supply? [264.13(b)(5)/265.13(b)(5)] [X] [] []
- F. For off-site facilities, the procedures which are used to inspect and analyze each movement of hazardous waste received to ensure that it matches the identify of the waste designated on the manifest?
[264.13(c)/265.13(c)] [X] [] []

Waste Analysis Plan Requirements:

[X] Compliance

[] Non-Compliance

[] N/A

Security (DGS)

- 2 Does the facility consider itself exempt from the security requirements as provided in 264.14(a)(1)&(2)/265.14(a)(1)&(2)? [] [X]
- If no,
- a. Does the facility provide either of the following:
- A. A 24-hour surveillance system (TV monitoring or guards)?
[264.14(b)(1)/265.14(b)(1)]; OR [X] [] []
- B. An artificial or natural barrier (fence, fence and cliff combination) and a means to control entry (attendant, TV monitoring, locked entrance, controlled roadway access)? [264.14(b)(2)/265.14(b)(2)] [X] [] []
- b. Has the facility posted warning signs at each entrance to the active portion of the facility, and at other locations, in sufficient numbers to be seen from any approach to the active portion? [264.14(c)/265.14(c)] [X] []

Security Requirements:

[X] Compliance

[] Non-Compliance

[] N/A

General Inspection Requirements (DGS)

- 3 Does the owner/operator follow a written schedule at the facility for inspecting monitoring equipment, safety and emergency equipment, security devices, and operating and structural equipment? [264.15(b)(1)/265.15(b)(1)] [X] []
- 4 Does the owner/operator keep the written inspection schedule at the facility?
[264.15(b)(2)/265.15(b)(2)] [X] []
- 5 Does the written inspection schedule identify the types of problems which are to be looked for during the inspections? [264.15(b)(3)/265.15(b)(3)] [X] []
- 6 Does the owner/operator remedy any deterioration or malfunction of equipment or structures noted during the inspection? [264.15(c)/265.15(c)] [] [X] 1

- 7 Does the owner/operator record inspections in an inspection log or summary which contains the date and time of inspection, name of inspector, notation of observations, and the date and nature of remedial action? [264.15(d)/265.15(d)]

[X] []

Inspection Requirements: [] Compliance [X] Non-Compliance [] N/A

Personnel Training (DGS)

- 8 Does the owner/operator maintain, at the facility, the following documents and records: [264.16/265.16]

- | | | | |
|----|--|-------|-----|
| a. | Job title for each position related to hazardous waste management and the name of the employee filling each job? [264.16(d)(1)/265.16(d)(1)] | [X] | [] |
| b. | Written job description for each position? [264.16(d)(2)/265.16(d)(2)] | [X] | [] |
| c. | Written description of type and amount of training to be given each person? [264.16(d)(3)/265.16(d)(3)] | [X] | [] |
| d. | Records of training given to facility personnel? [264.16(d)(4)/265.16(d)(4)] | [X] | [] |

Personnel Training Requirements: [X] Compliance [] Non-Compliance [] N/A

Requirements for Ignitable, Reactive, or Incompatible Wastes (DGS)

- 9 Does the facility handle ignitable or reactive wastes? [264.17(a)/265.17(a)] [X] []

If yes,

- | | | | |
|----|--|-------|-------|
| a. | Is the waste separated and confined from sources of ignition or reaction, sparks, spontaneous ignition and radiant heat? [264.17(a)/265.17(a)] | [X] | [] |
| b. | Are smoking and open flames confined to specially designated locations? [264.17(a)/265.17(a)] | [X] | [] |
| c. | Are "No Smoking" signs posted in hazard areas? [264.17(a)/265.17(a)] | [X] | [] |
| d. | Does a check of the areas used to handle ignitable or reactive wastes show: | | |
| A. | Evidence of heat generation from interaction of incompatible wastes? [264.17(b)(1)/265.17(b)(1)] | [] | [X] |
| B. | Evidence of uncontrolled toxic mists, fumes, dusts, or gases in sufficient quantities to threaten human health or the environment? [264.17(b)(2)/265.17(b)(2)] | [] | [X] |
| C. | Evidence of uncontrolled flammable fumes or gases in sufficient quantities to pose a risk of fire or explosion? [264.17(b)(3)/265.17(b)(3)] | [] | [X] |
| D. | Evidence of any leakage from or corrosion of containers? [264.17(b)(4)/265.17(b)(4)] | [] | [X] |

- 10 For permitted facilities only, when required to comply with paragraph (a) or (b) of 264.17/265.17, has the owner/operator documented that compliance? [264.17(c)] [X] [] []

Ignitable, Reactive, or Incompatible Waste

Contingency Plan Requirements: [X] Compliance [] Non-Compliance [] N/A

Preparedness and Prevention (DPP)

- 11 Does an inspection of the facility show any evidence of fire, explosion, or contamination? [264.31/265.31] [] [X]

- | | YES | NO | NA |
|--|-------|-----|-------|
| 12 If applicable to the facility, is the facility equipped with: | | | |
| a. Internal communication or alarm system easily accessible in case of emergency? [264.32(a)/265.32(a)] | [X] | [] | [] |
| b. Telephone or hand-held two-way radio capable of summoning emergency response assistance from local police departments, fire departments, or State or local emergency response teams? [264.32(b)/265.32(b)] | [X] | [] | [] |
| c. Portable fire extinguishers, fire control, spill control equipment, and decontamination equipment? [264.32(c)/265.32(c)] | [X] | [] | [] |
| d. Water of adequate volume for hose streams, foam producing equipment, sprinklers, etc? [264.32(d)/265.32(d)] | [X] | [] | [] |
| 13 Is the equipment (mentioned above) tested and maintained to ensure its proper operation? [264.33/265.33] | [X] | [] | [] |
| 14 Whenever hazardous waste is being poured, mixed, spread, or otherwise handled: | | | |
| a. Do all personnel involved in the hazardous waste activity have immediate access to an internal alarm or emergency communication device, either directly or through visual or voice contact with another employee? [264.34(a)/265.34(a)] | [X] | [] | |
| b. Does an employee who is alone on the premises while the facility is operating have immediate access to a device capable of summoning external emergency assistance? [264.34(b)/265.34(b)] | [X] | [] | [] |
| 15 Does a check of the facility show sufficient aisle space to allow unobstructed movement of personnel and equipment? [264.35/265.35] | [X] | [] | [] |
| 16 As appropriate for the type(s) of waste handled, has the owner/operator: | | | |
| a. Made arrangements with the local emergency authorities to familiarize them with the layout of the facility, properties of wastes handled and associated hazards, places where facility personnel normally work, entrances to roads inside the facility, and possible evacuation routes? [264.37(a)(1)/265.37(a)(1)] | [X] | [] | |
| b. Designated one primary authority in areas where more than one police and fire department might respond? [264.37(a)(2)/265.37(a)(2)] | [X] | [] | [] |
| c. Made agreements with state emergency response teams, emergency response contractors, and equipment suppliers? [264.37(a)(3)/265.37(a)(3)] | [X] | [] | [] |
| d. Familiarized local hospitals, with the properties of hazardous waste(s) handled and types of injuries that could result from fires, explosions, or releases at the facility? [264.37(a)(4)/265.37(a)(4)] | [X] | [] | |
| 17 In cases where state or local authorities decline to enter into such arrangements, is the refusal entered in the operating record? [264.37(b)/265.37(b)] | [] | [] | [X] |

Preparedness and Prevention Requirements:

[X] Compliance [] Non-Compliance [] N/A

Contingency Plan and Emergency Procedures (DCP)

- 18 Is a contingency plan maintained at the facility and have copies been provided to outside agencies that may be called upon to provide emergency services? [264.53(a)/265.53(a)]
- [X] []
- a. If yes, does the plan:
- A. Describe emergency actions facility personnel must take to respond to fires, explosions, or releases of hazardous waste? [264.52(a)/265.52(a)]
- [X] []

- B. Describe arrangements agreed to by local police departments, fire departments, hospitals, contractors, and State and local emergency response teams? [264.52(c)/265.52(c)] [X] []
- C. List the name(s), home address(es), and phone number(s) of designated emergency coordinator(s) in the order in which they should be contacted? [264.52(d)/265.52(d)] [X] []
- D. Include a list of all emergency equipment at the facility, its location, a physical description of each item on the list, and a brief outline of its capabilities? [264.52(e)/265.52(e)] [X] []
- E. Include an evacuation plan for facility personnel that describes signals and evacuation routes? [264.52(f)/265.52(f)] [X] []
- 19 Is an emergency coordinator available at all times? [264.55/265.55] [X] []
- 20 Has implementation of the plan been required at the facility? [] [X]
- a. If yes, was the facility required to submit a written report on the incident to the KDHE? [] []
- A. If yes, was the written report submitted? [264.56(j)/265.56(j)] [] []

Contingency Plan and Emergency Procedures Requirements:

[X] Compliance

[] Non-Compliance

[] N/A

Manifest System, Recordkeeping, and Reporting (DMR)

- 21 Does the facility receive waste from off-site? [264.71/265.71] [X] []
- a. If yes, does the owner/operator:
- A. Sign and date each copy of the manifest? [264.71(a)(1)/265.71(a)(1)] [X] []
- B. Note any significant discrepancies in the manifest on each copy of the manifest? [264.71(a)(2)/265.71(a)(2)] [X] []
- C. Give a signed copy to the transporter? [264.71(a)(3)/265.71(a)(3)] [X] []
- D. Send a signed copy of the manifest to the generator within 30 days of the delivery? [264.71(a)(4)/265.71(a)(4)] [X] []
- E. Retain a copy of the manifest for at least three years from the date of delivery? [264.71(a)(5)/265.71(a)(5)] [X] []
- 22 Does the facility receive any waste from a rail or water (bulk shipment transporter)? [] [X]
- a. If yes, is the shipment accompanied by a manifest or shipping paper containing the appropriate information? [264.71(b)/265.71(b)] [] []
- If yes, does the owner/operator:
- A. Does the owner/operator sign and date the shipping paper? [264.71(b)/265.71(b)] [] []
- B. Note any significant discrepancies in the shipping paper? [264.71(b)(2)/265.71(b)(2)] [] []
- C. Immediately give the rail or water transporter at least one copy of the shipping paper? [264.71(b)(3)/265.71(b)(3)] [] []
- D. Send a signed copy of the shipping paper to the generator within 30 days of the delivery? [264.71(b)(4)/265.71(b)(4)] [] []
- C. Retain a copy of the shipping paper? [264.71(b)(5)/265.71(b)(5)] [] []
- 23 Has the facility received any shipments of waste that were inconsistent with the manifest? [264.72/265.72] [] [X]
- a. If yes, was an attempt made to reconcile the discrepancy with the generator and transporter? [264.72(b)/265.72(b)] [] [] X

	YES	NO	NA
A. If the discrepancy was not reconciled within 15 days, did the owner/operator immediately notify the KDHE? [264.72(b)/265.72(b)]	[]	[]	X
24 Does the owner/operator keep a written operating record at the facility? [264.73(a)/265.73(a)]	[X]	[]	
a. If yes, does the operating record include:			
A. A description and the quantity of each hazardous waste received, and method(s) and date(s) of its treatment, storage, and disposal? [264.73(b)(1)/265.73(b)(1)]	[X]	[]	
B. The location of each hazardous waste within the facility and the quantity at each location? [264.73(b)(2)/265.73(b)(2)]	[X]	[]	
C. Records and results of waste analyses and waste determinations? [264.73(b)(3)/265.73(b)(3)]	[X]	[]	
D. Reports and details of incidents requiring implementation of the contingency plan? [264.73(b)(4)/265.73(b)(4)]	[X]	[]	
E. Records and results of required inspections? [264.73(b)(5)/265.73(b)(5)]	[X]	[]	
F. Monitoring, testing, or analytical data? [264.73(b)(6)/265.73(b)(6)]	[X]	[]	
G. Notices to generators that the facility has the appropriate permit(s) for and will accept the waste the generator is shipping? [264.73(b)(7)/265.73(b)(7)]	[X]	[]	
H. Closure cost estimates (and for disposal facilities, post-closure cost estimates)? [264.73(b)(8)/265.73(b)(8)]	[X]	[]	
I. Certification by the permittee, at least annually, that a hazardous waste minimization program is in place at the facility? [264.73(b)(9)/265.73(b)(9)]	[X]	[]	
J. As applicable, documentation that the Land Disposal Requirements have been met? [264.73(b)(10-16)/265.73(b)(10-16)]	[X]	[]	[]
25 Does the owner/operator prepare and submit a copy of a biennial report to the KDHE by March 1 of each even numbered year? [264.75/265.75]	[X]	[]	
a. If yes, does the report include:			
A. The EPA identification number, name, and address of the facility? [264.75(a)/265.75(a)]	[X]	[]	
B. The calendar year covered by the report? [264.75(b)/265.75(b)]	[X]	[]	
C. A description and the quantity of each hazardous waste received during the year? [264.75(d)/265.75(d)]	[X]	[]	
D. The method of treatment, storage, or disposal for each hazardous waste? [264.75(e)/265.75(e)]	[X]	[]	
E. The most recent cost estimate and, as applicable, the most recent post-closure cost estimate? [264.75(g)/265.75(g)]	[X]	[]	
b. If yes and the facility receives waste from off-site facilities, does the report include:			
A. The EPA identification number of each hazardous waste generator from which the facility received a hazardous waste during the year? [264.75(c)/265.75(c)]	[X]	[]	[]
B. A description and the quantity, listed by the EPA identification number of each generator, of each hazardous waste received during the year? [264.75(d)/265.75(d)]	[X]	[]	[]
c. If yes and the facility receives shipments from foreign generators, does the report include the name and address of the foreign generators?	[]	[]	[X]
d. If yes and the facility is also a generator who treats, stores, and/or disposes of hazardous waste on-site, does the report include a description of:			
A. The efforts undertaken during the year to reduce the volume and toxicity of waste generated? [264.75(h)/265.75(h)]	[]	[]	[X]
B. The changes in volume and toxicity of waste actually achieved during the year in comparison to previous years? [264.75(i)/265.75(i)]		[]	

- 26 Has the facility accepted any waste not accompanied by a manifest or shipping papers? [] [X]
- a. If yes, was the shipment excluded from manifest/shipping paper requirements?
- A. If no, did the facility submit an unmanifested waste report to the KDHE within 15 days? [264.76/265.76] [] []

Manifest System, Recordkeeping and Reporting Requirements:

☒ Compliance ☐ Non-Compliance ☐ N/A

Closure and Post-Closure (DCL)

- 27 Does the owner/operator have a written closure plan for the facility? [264.112(a)/265.112(a)] [X] []
- a. If yes, does the plan include:
- A. A description of how and when the facility will be closed? [265.112(b)/265.112(b)] [X] []
- B. A description of the steps necessary to completely close the facility? [264.112(b)(2)/265.112(b)(2)] [X] []
- C. An estimate of the maximum inventory of wastes in storage or in treatment at any give time during the facility life? [264.112(b)(3)/265.112(b)(3)] [X] []
- D. A description of the steps needed to decontaminate facility equipment at the time of closure? [264.112.(b)(4)/265.112(b)(4)] [X] []
- E. A description of the activities necessary to ensure that all closure satisfy the closure performance standards? [265.112(b)(5)/265.112(b)(5)] [X] []
- F. An estimate of the expected year of closure and a schedule for final closure which includes the total time required to close the facility and the time required for intervening closure activities which allow tracking closure progress? [264.112(b)(6)/265.112(b)(6)] [X] []
- 28 Is the facility a disposal facility? [] [X]
- a. If yes, does the owner/operator have a written post-closure plan? [264.118(a)/265.118(a)] [] []
- If yes, does the plan include:
- A. Ground-water monitoring activities and frequencies at which they will be performed? [264.118(c)(1)/265.118(c)(1)] [] []
- B. Maintenance activities and frequencies at which they will be performed to ensure the integrity of the cap and containment structures where applicable, and the function of the monitoring equipment? [264.118(c)(2)/265.118(c)(2)] [] []
- C. The name, address, and phone number of the person or office to contact during the post-closure period? [264.118(c)(3)/265.118(c)(3)] [] []

Closure and Post-closure Requirements: ☒ Compliance ☐ Non-Compliance ☐ N/A

Financial Requirements (DFR)

- 29 Does the owner/operator have a written estimate of the closure cost? [264.142(a)/265.142(a)] [X] []
- 30 Has the owner/operator established financial assurance for facility closure and notified the KDHE? [264.143/265.143] [X] []

	YES	NO	NA
31 Is the facility a disposal facility?	[]	[X]	
a. If yes, has the owner/operator:			
A. Established a written estimate of the annual cost of post-closure monitoring and maintenance of the facility? [264.144(a)/265.144(a)]	[]	[]	
B. Established financial assurance for post-closure care and notified the KDHE? [264.145/265.145]	[]	[]	
C. Obtained liability insurance for nonsudden and accident occurrences of at least \$3 million per occurrence with an annual aggregate of at least \$6 million exclusive of legal defense costs? [264.147(b)/265.147(b)]	[]	[]	
32 Has the owner/operator obtained liability insurance for sudden occurrences of at least \$1 million with an aggregate of at least \$2 million exclusive of legal defense costs? [264.147(a)/265.147(a)]	[X]	[]	

Financial Requirements:	[X] Compliance	[] Non-Compliance	[] N/A
Management of Containers (DMC)			

33 Are containers presently used to store hazardous waste?	[X]	[]
If yes,		
a. Are the containers in good condition? [264.171/265.171]	[X]	[]
b. Are the containers compatible with the waste? [264.172/265.172]	[X]	[]
c. Are all containers holding hazardous waste closed during storage except when necessary to add or remove waste? [264.173/265.173]	[X]	[]
d. Does owner/operator inspect areas where containers are stored, at least weekly, for signs of leaking containers and for deterioration of the containers and containment system caused by corrosion or other factors? [264.174/265.174]	[X]	[]
e. Does the storage facility store waste containing free liquids which would require it to have a containment system? [264.174/265.174]	[X]	[]
If yes,		
A. Is the base free of cracks or gaps and sufficiently impervious to contain leaks, spills, and accumulated precipitation? [264.175(b)(1)/265.175(b)(1)]	[X]	[]
B. Is the base sloped or the containment system otherwise designed and operated to drain and removed liquids? [264.175(b)(2)/265.175(b)(2)]	[X]	[]
C. Does the containment system have sufficient capacity to contain 10% of the volume of containers or the volume of the largest container, whichever is greater? [264.175(b)(3)/265.175(b)(3)]	[X]	[]
D. Is the containment system designed to prevent run-on or to have sufficient excess capacity in addition to that required in item C above? [264.175(b)(4)/265.175(b)(4)]	[X]	[]
E. Are spilled or leaked waste and accumulated precipitation removed in a timely manner as necessary to prevent overflow of the system? [264.175(b)(5)/265.175(b)(5)]	[X]	[]
f. Does the storage area store containers holding only wastes that do not contain free liquids?	[]	[X]
If yes,		
A. Are the containment system requirements of 264.175(b)/265.175(b) met?	[]	[X]
If no,		
i. Is the storage area sloped or otherwise designed and operated to drain and remove liquid resulting from precipitation? [264.175(c)(1)/265.175(c)(1)]; OR	[X]	[]
ii. Are the containers elevated or otherwise protected from contact with accumulated liquid? [264.175(c)(2)/265.175(c)(2)]	[X]	[]

- | | YES | NO | NA |
|---|-------------------------------------|--------------------------|----|
| g. Are containers holding ignitable or reactive waste located at least 50 feet from the facility's property line? [264.176/265.176] | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| h. If waste in containers is incompatible with other materials stored nearby, in other containers, piles, open tanks, or surface impoundments, are the containers separated from other materials by means of a dike, berm, wall, or other device? [264.177(c)/265.177(c)] | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |

Management of Containers	<input checked="" type="checkbox"/> Compliance	<input type="checkbox"/> Non-Compliance	<input type="checkbox"/> N/A
---------------------------------	--	---	------------------------------

TSDLIST: TSD Checklist Revised 9/98

Additional Information and Conclusions:
--

RCRA Compliance Evaluation Inspection Summary

Clean Harbors Kansas, LLC

2549 N. New York
Wichita, Kansas 6219

EPA ID No.: KSD 007 246 846

Inspection Date: **February 19 and 23, 2009**

KDHE Inspector: Debbie Travis
Bureau of Environmental Field Services
South Central District Office (SCDO)

1.0 INTRODUCTION

On February 19, 2009, I conducted a routine compliance inspection at the facility referenced above to determine compliance with the State of Kansas waste regulations. The focus of the inspection was to identify types of wastes generated, points of waste generation, methods of waste management, and review relevant documents. This inspection was conducted under the authority of Kansas Administrative Regulation (K.A.R.) 28-31-12.

Prior to the inspection, I contacted Akhter Hossain, Ph.D., P.E. Kansas Department of Health and Environment (KDHE) Bureau of Waste Management (BWM) permit writer. Mr. Hossain was not able to be present during the inspection.

The permit for this facility expired on April 7, 2005. However, since the Kansas Department of Health and Environment (KDHE) received a renewal application dated October 8, 2004, the permit and all permit conditions remain in effect until a new permit is issued.

The facility is a permitted Treatment/Storage/Disposal/Facility (TSDF) for hazardous waste. Specifically, the facility is a 10-day hazardous waste storage facility for Truck-To-Truck transfer. Multiple types of containers are used for the transporting of the hazardous wastes. The waste containers are processed, bar coded, and shipped off-site within 10 days to another TSD for either disposal or for additional shipment to another TSD. The facility is permitted to store their generated hazardous wastes for up to one year onsite.

Based on the waste generation rates identified during the inspection, the facility is an EPA Generator.

2.0 CHANGES SINCE PREVIOUS INSPECTION

The facility has ceased using tankers for the transfer and storage of hazardous waste.

In 2009 the facility began using an electronic database to record daily and weekly waste and facility inspections, work order request and remedial actions.

3.0 PREVIOUS VIOLATIONS

March 18, 2008 Inspection:

1. 40 CFR 264.175(b)/265.175(b)(1)/Permit Section D-2(e)(1). Failure to maintain the concrete berm located in the secondary containment area of Building C.

February 27, 2007 Inspection:

1. K.A.R. 28-31-4(g)(2). Failure to mark accumulation start date on five 55-gallon drums of hazardous waste sump water.
2. K.A.R. 28-3-4(g)(1)(A). Failure to conduct a thorough weekly container inspection of the five drums of hazardous waste sump water.

August 11, 2005 Inspection:

1. K.A.R. 28-31-4(g)(2). Failure to mark or label a storage drum with an accumulation start date and Permit Part I, Section III. E. [40CFR264, subpart I).

4.0 INSPECTION

I arrived at the facility at 10:20 a.m. on February 19, 2009 and met with James Matthew Noble, Facility Manager. I presented my credentials and discussed the purpose and procedures of the routine compliance inspection. Mr. Noble explained the facility operations and described the facility's waste streams. I then conducted a walk-through inspection of the interior and exterior of the facility. Mr. Noble accompanied me during the walk-through inspection.

The facility is approximately six acres in size surrounded by a six foot high chain link fence. Electronically, controlled gates and doors control access to the site. There are 10 buildings at the site labeled Buildings A through K, except F. Many of the buildings were empty, but they all contained the required safety equipment. On January 3, 2006 BWM Permitting granted Clean Harbors request to deactivate buildings B, D, I, and J. Also there is a Processing Area and Drum Dock that are open areas covered by a roof. Refer to site map in Attachment 1.

Building A

This building is currently storing office equipment and extra safety equipment for the employees.

Building B

This building is currently empty and deactivated for the storage of hazardous waste.

Building C

The building is permitted to store ignitable and non-ignitable hazardous waste. This building is currently storing, empty drums, packing material, and hazardous waste. During the inspection I observed loose fibrous tan insulation lying on the floor. Mr. Noble told me the blown insulation falls off of the ceiling and walls. I asked Mr. Noble if the insulation has ever been analyzed for asbestos. He said "yes" and provided me with a copy of the September 25, 1984 analysis (Attachment 2).

Building D

This building is currently empty and deactivated. There are eleven horizontal storage tanks mounted from the ceiling. The tanks have been decontaminated and the cut open. Located on the east end of the building is the facility maintenance shop. Mr. Noble told me they have not had maintenance staff for many years but the shop is still there just incase he needs to perform minor maintenance. They subcontract the maintenance on equipment, such as forklift.

Building E

This building houses the administrative offices for the facility.

Building G

This building houses the employee break room and locker rooms.

Building H

This building houses the laboratory, which is currently inactive.

Building I

This building is used for the storage of empty containers (totes). This building has been deactivated for the storage of hazardous waste.

Building J

This building is used for the storage of equipment and supplies such as drums, cardboard boxes, floor-dry etc. This building has been deactivated for the storage of hazardous waste.

Building K

This building is currently storing office equipment. The building is a non-permitted building.

Processing Area

The processing area is currently not in operation. Within the processing area there are ten decontaminated storage tanks and an inoperable drum-cleaning unit.

Drum Dock Area

The 10-day storage drums are managed in this area. The Drum Dock is made up of one area which is diked to provide secondary containment. The secondary containment is constructed of concrete and lined with a chemically resistant coating for added protection. Its overall size is approximately 94 feet long by 27 feet wide.

Perimeter

No environmental concerns were observed around the perimeter of the buildings.

Document Review

I reviewed the following documents: permit parts A & B, manifests, land disposal restriction notices (LDRs), daily and weekly hazardous waste storage area inspection logs, material safety data sheets (MSDS), notification, analytical results, waste profiles, annual and biennial reports, personnel training records, and contingency plan. Refer to Attachment 3 for examples of the new electronic daily and weekly inspection forms.

No violations were identified during the inspection of the following regulatory areas:

- General and Notification Requirements – No problems were noted. The notification was current and correct.
- Pre-Transport Requirements - The treatment, storage, and disposal facility (TSDF) provides the generator with preprinted hazardous waste labels.
- Storage Requirements
 - All storage containers were properly marked, dated, and closed. Emergency equipment was present and satisfactory. The fire extinguishers were last inspected on February, 2008.
 - Weekly hazardous waste inspection logs were on file and satisfactory. I reviewed past logs beginning March 19, 2008 through the present.
- Contractual Agreement Requirements - Not applicable.
- Manifest Requirements - Manifests were on file and satisfactory. I reviewed past manifests beginning March 19, 2008 through the present.

- LDR Requirements - All LDR notices were satisfactory. The treatment, storage, and disposal facility (TSDF) provides the generator with an LDR notice to complete and return with each shipment.
- Special Conditions - Not applicable.
- Hazardous Waste Reporting Requirements:
 - Biennial Reports - Past biennial reports were on file and satisfactory.
 - Annual Reports and Fees - Past annual reports were on file and satisfactory. Annual monitoring fees had been paid for 2008.
- Preparedness and Prevention Requirements - All requirements were satisfactory.
- Personnel Training Requirements - Personnel training records were on file and satisfactory.
- Contingency Plan Requirements - The contingency plan was satisfactory.

5.0 DISCUSSION OF VIOLATIONS

Violation 1. Failure to comply with the permit concerning the deterioration of Building C in violation of Permit Section II. E. / 40CFR264.15(c).

During the review of the weekly inspection logs for Building C I observed the "NO" was marked from March 20, 2008 through the present February 18, 2009. Refer to Attachment 4 for the 3/20/08 inspection log and Attachment 5 for the 2/18/2009 inspection log. Mr. Noble told me by marking the "NO" on the log indicated the roof is in poor condition causing water to enter the building. He said the roof leaks mainly from the sky lights that are located in the roof of Building C. During the inspection I observed cracks and gaps in two of the sky lights (Photographs 1 and 2). I did not observe water on the floor in the building but there has not been any local precipitation for several weeks. Mr. Noble told me when notice the issue in March of 2008, he performed the following steps:

1. He moved the hazardous waste storage area to the west end of the building to prevent water from contacting the containers storing hazardous waste (Photograph 1). This building has multiple secondary containment areas that are currently preventing water from entering the hazardous waste storage area.
2. He submitted a work ticket #8355 to Clean Harbors Corporate Office (Attachment 6). I have highlighted (yellow) the specific line concerning this issue.

On May 20, 2009 Mr. Noble was authorized by the corporate office to obtain bids for the roof repairs on Building C (Attachment 7). On September 15, 2008 he signed a contract with Roof Mechanics for the roof repairs (Attachment 8). I asked Mr. Noble why the repairs have not been completed. He told me the corporate office prioritized work orders and this one was a lower priority compared to other national issues.

The facility violated Section II.E. General Inspection Requirements of the Permit (Attachment 9). The Permittee shall remedy any deterioration or malfunction discovered by an inspection, as required by 40 CFR 264.15(c). On February 19, 2009, I telephoned Mr. Hossain to discuss my observations during the inspection. We both agreed the violation should be cited due to the length of time of the ongoing problem and the leaking roof could lead to an environmental or human health hazardous because hazardous waste is stored in Building C.

6.0 EXIT CONFERENCE

On February 23, 2008, I returned to the facility and met with Mr. Noble, to discuss the results of the inspection. Steven Bley, Regional Compliance Manager attended via the telephone. I discussed the one violation cited. I provided Mr. Noble with the Bureau of Waste Management (BWM) website address and briefly explained some of the information available on the website. At the conclusion of the exit conference, I provided Mr. Noble with a copy of the Notice of Non-Compliance (NONC). I informed Mr. Noble that additional violations could still be identified once the information gathered during the inspection had been reviewed.

7.0 LIST OF HANDOUTS PROVIDED TO FACILITY

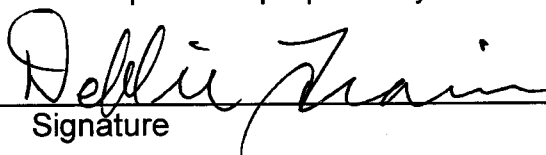
Compact Disk (CD) with all BWM handouts and examples.

8.0 LIST OF ATTACHMENTS

Photograph Log
Attachment 1 – Facility Site Map
Attachment 2 – Asbestos Analysis, 1984
Attachment 3 – Blank Daily and Weekly Inspection Logs
Attachment 4 – Building C Inspection Log, 3/20/08
Attachment 5 – Building C Inspection Log, 2/18/09
Attachment 6 – View Work Ticket
Attachment 7 – Inspection Work Ticket
Attachment 8 – Roof Mechanic Proposal, 9/9/08
Attachment 9 – Permit Part 1, Section II.E.

9.0 SIGNATURE OF AUTHOR/INSPECTOR

This report was prepared by Debbie Travis:


Signature

ATTACHMENTS

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
DIVISION OF ENVIRONMENT

Bureau of Environmental Field Services
Waste Management Programs
South Central District Office

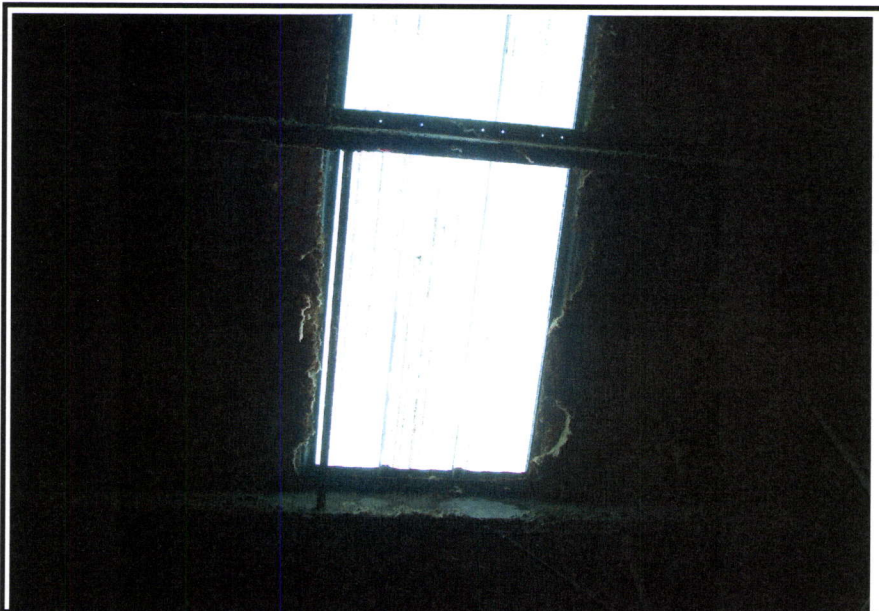
The digital photographs contained in this report were recorded directly to an archival file or electronic media prior to viewing on a computer system. KDHE certified that such digital photographs are thus identical to the digital photographs taken during the investigation.

Site Name: Clean Harbors Kansas LLC
Address: 2549 N. New York
County: Sedgwick
Legal: na

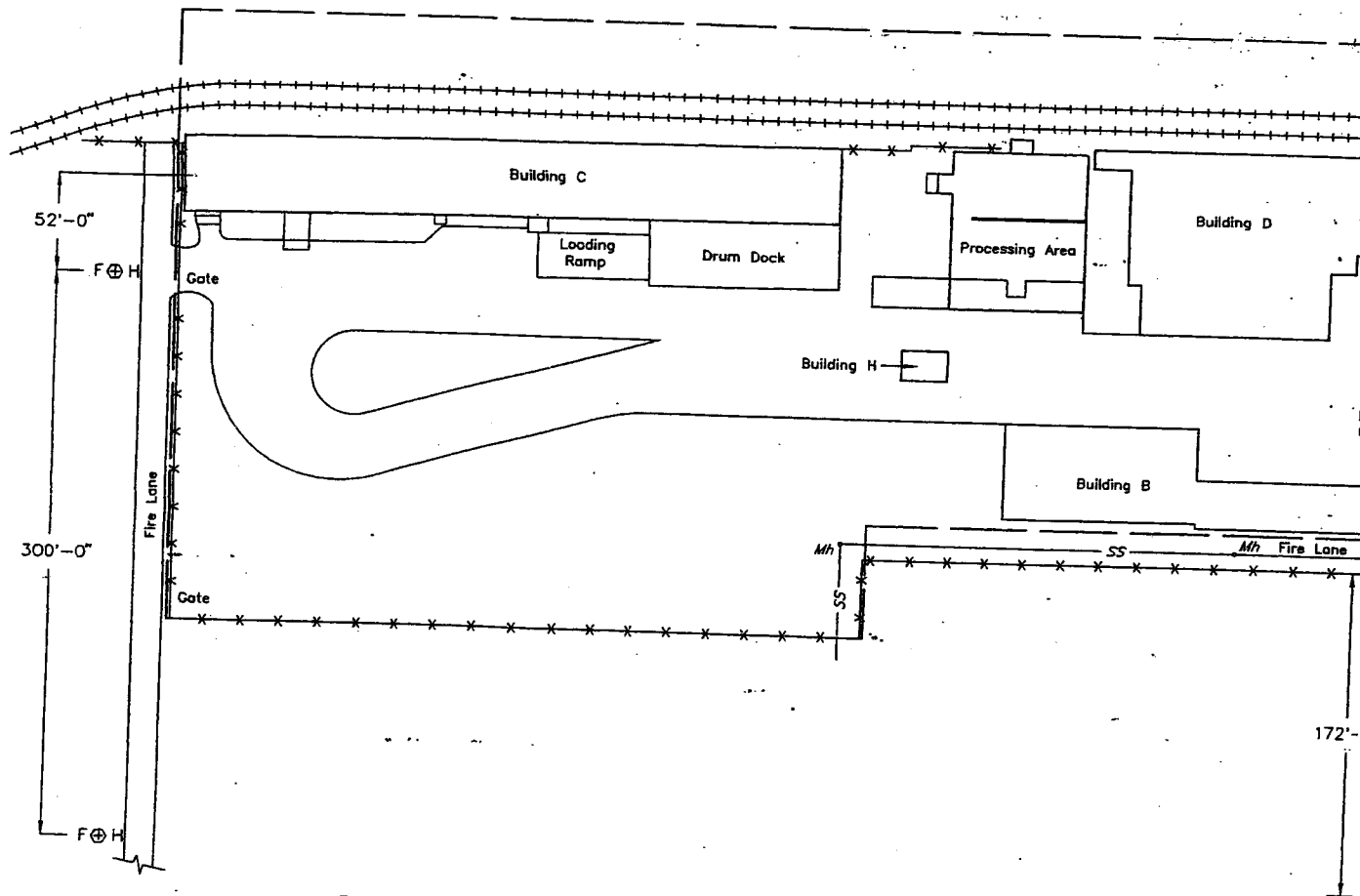
EPA ID No.: KSD 007 246 846
City: Wichita
Camera: Sony Digital Cyber-Shot
Taken By: Debbie Travis



Picture No.:	1
Archive Disc File No.:	FFY09
Date:	February 19, 2009
Time:	3:08 p.m.
Location:	Building C
Direction Faced:	West
Weather Conditions:	Sunny
Comments:	The containers shown in the foreground are supplies. The black arrow is pointing at the hazardous waste storage area shown in the west end of Building C. There are multiple hazardous waste storage containers located in this area. * This photograph has an arrow overlay and has not been altered from the original archived form.



Picture No.:	2
Archive Disc File No.:	FFY09
Date:	February 19, 2009
Time:	3:08 p.m.
Location:	Building C
Direction Faced:	na
Weather Conditions:	Sunny
Comments:	This is one of the leaking sky lights located in the roof of Building C. The blue lines shown in this photograph are areas in the sky light that are cracked or open.

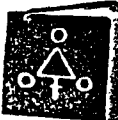


Building Legend

Building A	Laboratory/Administration
Building B	Hazardous Waste Management Building
Building C	Hazardous Waste Management Building
Building D	Hazardous Waste Management Building
Building E	Administration
Building G	Personnel Decon/Break Room
Building H	Operations Office
Building I	Hazardous Waste Management Building
Building J	Hazardous Waste Management Building
Building K	Mechanical Equipment Building
Processing Area	Hazardous Waste Management Area
Drum Dock	Hazardous Waste Management Area

Legend:

+++++	Railroad Tracks
-x-x-	Fence
---	Property Line
SS	Sewer
Mh	Manhole
F ⊕ H	Fire Hydrant



David W. Daniels
PRESIDENT

MID WEST ANALYTICAL LABORATORIES, INC.

ANALYTICAL-CONSULTING CHEMISTS & ENGINEERS

419 N. HANDLEY • P.O. BOX 2312 • WICHITA, KS 67201 • (316) 262-4407

TO: Reid Supply Company
P.O. Box 730
Wichita, KS 67201

DATE: 9-25-84

LAB. NO.: 18163

SAMPLE SUBMITTED: One clump insulation.

DATE SUBMITTED: 7-14-84

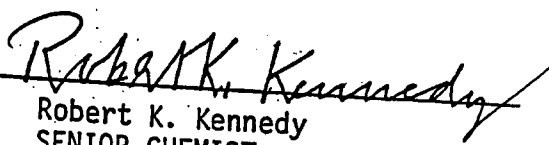
ANALYSIS

The submitted insulation sample was analyzed for asbestos mineral content by the dispersion staining technique. No asbestos mineral fibers were found in any of the sample areas examined.

If you have any questions about this analysis please contact me.

Respectfully submitted,

MID WEST ANALYTICAL LABORATORIES, INC.


Robert K. Kennedy
SENIOR CHEMIST



WICHITA LANDLORD FORM

FormCode WHCMPFRMO1

Wichita, KS

Full Name:		Date:			
Location:	Wichita	Military Time:			
Instructions: If condition of inspection items is satisfactory, select YES. If an item does not apply to an area, mark N/A. Describe the problems and remedial actions in the space provided below each inspection item.					
INSPECTION ITEM	YES	NO	N/A	REASON FOR FAILURE	WORK TICKET STAT
Office/Locker Room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
B Building	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
C Building	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
D Building	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
I Building	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
J Building	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Dock/Lab	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Tank Farm/Tanker Bay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Parking Lot/Yard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		

On-Demand Work Ticket (please describe reason below)		
Select Overall Assessment of Inspection Results		

Submit

Supervisor's Signature _____



Daily

CONTAINER STORAGE AREA INSPECTION FORM

FormCode COCMPFRM03

Full Name:		Date:			
Location:	Bldg xxxx	Military Time:			
Instructions: Note condition of inspection items. If item does not apply to an area, mark N/A. All unsatisfactory findings must be explained below. Include any repairs, changes or other remedial actions required or performed.					
INSPECTION ITEM	YES	NO	N/A	REASON FOR FAILURE	WORK TICKET STAT
Container Placement and Stacking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Sealing of Containers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Labeling of Containers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Containers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Pallets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Doors (indoor area)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Base / Foundation / Roof	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Berms / Racks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Debris and Refuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Warning Signs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		

Aisle Space	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="text"/>				
Loading and Unloading Areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="text"/>				
Sumps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="text"/>				
Alarm and Communication System	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="text"/>				
Storage Capacity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="text"/>				
Bonding / Grounding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="text"/>				
Pumps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="text"/>				
Inventory Age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="text"/>				
On-Demand Work Ticket (please describe reason below)				
<input type="text"/>				
Select Overall Assessment of Inspection Results	<input type="text"/>			

Submit

Supervisor's Signature _____



Doyle
TANK SYSTEMS INSPECTION FORM

FormCode COCMPFRM02

Full Name:		Date:			
Location:	Wichita	Military Time:			
Instructions: Note condition of inspection items. If item does not apply to an area, mark N/A. All unsatisfactory findings must be explained below. Include any repairs, changes or other remedial actions required or performed.					
INSPECTION ITEM	YES	NO	N/A	REASON FOR FAILURE	WORK TICKET STAT
Tanks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Pipes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Valves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Fittings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Liquid Level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Secondary Containment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Sumps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Bonding and Grounding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Transfer Equipment (pumps, filters, strainers, hoses)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Communication and Alarm System	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		

Satellite Accumulation Containers (filter/basket, solids, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Manways, Hatches, Other Openings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Pressure Relief Valves (PRV)/Flame Arrestors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Tanks marked with the words "HAZARDOUS WASTE"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Tanks not used marked "OUT OF SERVICE"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Tanks Marked as to Contents (NON-HAZ ONLY)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Monitoring Equipment (Pressure/Temperature Guages, Level Indicators)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Loading / Unloading Areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
On-Demand Work Ticket (please describe reason below)					
Select Overall Assessment of Inspection Results					

Submit

Supervisor's Signature _____

weekly - Friday



SAFETY & SECURITY INSPECTION FORM

FormCode COCMPFRM01

Full Name:				Date:			
Location:	Wichita			Military Time:			
Instructions: Note condition of inspection items. If item does not apply to an area, mark N/A. All unsatisfactory findings must be explained below. Include any repairs, changes or other remedial actions required or performed.							
INSPECTION ITEM	YES	NO	N/A	REASON FOR FAILURE	WORK TICKET STAT		
Perimeter Fences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Gates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Warning Signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Exit Signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Exits / Firelanes / Evacuation Routes Clear?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Lighting System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Emergency Lighting System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Accessibility of Safety Equipment/Protective Gear (helmets, faceshields, goggles, boots, gloves, clothing, duct tape, ab. pads)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Adequate Supply of Safety Equipment/Protective Gear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Condition of Safety Equipment/Protective Gear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Breathing Apparatus Accessibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Breathing Apparatus Adequate Supply/Full Charge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Breathing Apparatus Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
First Aid Kits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Blood Borne Pathogen Kits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Emergency Eyewashes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Emergency Showers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Internal/External Communications (Phones/Radios)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Fire Extinguishers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Absorbent Supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Recovery Drum Supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Respirators and Cartridges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Fire Suppression System (monitors, pull stations, alarms) Accessibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Fire Suppression System Operable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Water Lines / Hydrants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Alarm Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Fire Blankets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Strainers on Fire Suppression System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Surveillance System/Guard Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Supplied Air Delivery System and Reserve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Wind Sock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Decontamination Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Portable Sump Pumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Gasoline Pumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Loud Speakers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Chocked Wheels on Parked Vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Cylinders Secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Ventilation Operable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Fall Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Electrical Boxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Emergency Contact Info Posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Hearing Protection Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Portable Compressor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Lime Supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
QC Lab Hood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Rolloff Parking Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Dumpster / Outside Containers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Stormwater Collection System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Rally Point	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Visitors Log	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Contingency Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Wind Instrument	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
On-Demand Work Ticket (please describe reason below)					
Select Overall Assessment of Inspection Results	<input type="text"/>				

Submit

Supervisor's Signature _____

CONTAINER STORAGE AREA INSPECTION FORM

FormCode

Full Name:	Matthew Noble			Date:	3/20/2008		
Location:	Bldg xxxx " C "			Military Time:	5:30:00 PM		
Instructions: Note condition of inspection items. If item does not apply to an area, mark N/A. All unsatisfactory findings must be explained below. Include any repairs, changes or other remedial actions required or performed.							
INSPECTION ITEM	YES	NO	N/A	REASON FOR FAILURE	WORK TICKET STAT		
Container Placement and Stacking	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>				
<input type="text"/>							
Sealing of Containers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>				
<input type="text"/>							
Labeling of Containers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>				
<input type="text"/>							
Containers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>				
<input type="text"/>							
Pallets	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>				
<input type="text"/>							
Doors (indoor area)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>				
<input type="text"/>							
Base / Foundation / Roof	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Poor condition	New		
<input type="text"/>							
Berms / Racks	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Damaged	New		
<input type="text"/>							
Debris and Refuse	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>				
<input type="text"/>							
Warning Signs	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>				
<input type="text"/>							

Aisle Space	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Loading and Unloading Areas	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Sumps	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Solids/liquids present	New
Alarm and Communication System	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Storage Capacity	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Bonding / Grounding	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Pumps	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Inventory Age	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		
On-Demand Work Ticket (please describe reason below)					
Select Overall Assessment of Inspection Results	Fail				

Submit

Supervisor's Signature _____



CONTAINER STORAGE AREA INSPECTION FORM

FormCode

Full Name:	Matthew Noble	Date:	2/18/2009		
Location:	Bldg xxxx	Military Time:	5:14:00 PM		
Instructions: Note condition of inspection items. If item does not apply to an area, mark N/A. All unsatisfactory findings must be explained below. Include any repairs, changes or other remedial actions required or performed.					
INSPECTION ITEM	YES	NO	N/A	REASON FOR FAILURE	WORK TICKET STAT
Container Placement and Stacking	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		
<input type="text"/>					
Sealing of Containers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		
<input type="text"/>					
Labeling of Containers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		
<input type="text"/>					
Containers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		
<input type="text"/>					
Pallets	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		
<input type="text"/>					
Doors (indoor area)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		
<input type="text"/>					
Base / Foundation / Roof	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Poor condition	Existing
<input type="text"/>					
Berms / Racks	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		
<input type="text"/>					
Debris and Refuse	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		
<input type="text"/>					
Warning Signs	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		
<input type="text"/>					

Aisle Space	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Loading and Unloading Areas	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Damaged	Existing
Sumps	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Alarm and Communication System	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Storage Capacity	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Bonding / Grounding	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Pumps	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Inventory Age	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		
On-Demand Work Ticket (please describe reason below)					
Select Overall Assessment of Inspection Results	Fail				

Submit

Supervisor's Signature _____

View Work Tickets				Search		Clear		
Location	WH		Work Ticket Status	ALL				
Area	Bldg xxxx		Assigned To	ALL				
Inspection From Date	2/1/2008		Inspection To Date	2/19/2009				
<div> <div>New</div> <div>Assigned</div> <div>Resolved</div> </div>								
Location	Area	Area Type	Inspection	Inspection Date	Inspection Type	Work Ticket	Status	Assigned To
WH	Bldg xxxx	Containment Building	WICHITA CONTAINER STORAGE INSPECTION	01/28/2009	PERMIT REQD	23292	Resolved	
WH	Bldg xxxx	Containment Building	WICHITA CONTAINER STORAGE INSPECTION	01/14/2009	PERMIT REQD	22878	Resolved	
WH	Bldg xxxx	Containment Building	WICHITA CONTAINER STORAGE INSPECTION	10/20/2008	PERMIT REQD	20408	Resolved	NOBLE, JAMES M
WH	Bldg xxxx	Containment Building	WICHITA CONTAINER STORAGE INSPECTION	10/15/2008	PERMIT REQD	20249	Assigned	NOBLE, JAMES M
WH	Bldg xxxx	Containment Building	WICHITA CONTAINER STORAGE INSPECTION	09/12/2008	PERMIT REQD	19231	Resolved	NOBLE, JAMES M
WH	Bldg xxxx	Containment Building	WICHITA CONTAINER STORAGE INSPECTION	07/24/2008	PERMIT REQD	17458	Resolved	
WH	Bldg xxxx	Containment Building	WICHITA CONTAINER STORAGE INSPECTION	03/20/2008	PERMIT REQD	8357	Resolved	NOBLE, JAMES M
WH	Bldg xxxx	Containment Building	WICHITA CONTAINER STORAGE INSPECTION	03/20/2008	PERMIT REQD	8356	Resolved	NOBLE, JAMES M
WH	Bldg xxxx	Containment Building	WICHITA CONTAINER STORAGE INSPECTION	03/20/2008	PERMIT REQD	8355	Assigned	NOBLE, JAMES M

ATTACHMENT 6 Page 1 of 1

Inspection Work TicketWork Ticket #: **8355**[View History](#)

Area: Bldg xxxx

Reason Code: poorcond-----poor condition (corrosion, dents)

Comment:

Status: Assigned

Status Date: 5/20/2008 11:22:07 AM

Assigned to: NOBLE, JAMES M

Notes: SCHEDULED ROOFING CONTRACTOR TO BID SKYLIGHT REPLACEMENT

ATTACHMENT 7 Page 1 of 1

Proposal

Page No. _____

of _____

Pages _____



3205 N. Broadway, P.O. Box 4043 - Wichita, Kansas 67204
(316) 838-4257 / 1-800-838-0522 / Fax (316) 838-0655
Commercial - Industrial - Residential Roofers
Serving Kansas since 1972



PROPOSAL SUBMITTED TO CLEAN HARBORS		PHONE MATT: 269-7418	DATE 09/09/2008
STREET 2549 NEW YORK ST.		JOB NAME	
CITY, STATE AND ZIP CODE WICHITA, KS 67219		JOB LOCATION	
ARCHITECT BJW	DATE OF PLANS	JOB PHONE	

We hereby submit specifications and estimate for:

OFFICE ROOF

1. SEAL COPING ON EAST WALL.
2. SEAL AROUND A/C LINE WITH FOAM.
3. SEAL 4 ROOF PROTRUSIONS. FLASH AREA ON WALL.
4. CLEAN UP WORK AREA.

COST: \$385.00 TAX: \$9.70 TOTAL: \$394.70

PITCHED METAL ROOF

APPLY ALUMINUM COATING TO RUSTED METAL PITCHED ROOF

COST: \$16,100.00 TAX: \$405.72 TOTAL: \$16,505.72

REMOVE AND REPLACE 29 SKYLIGHTS ON PITCHED ROOF

COST: \$8,692.00 TAX: \$219.03 TOTAL: \$8,911.03

~~We~~ **Propose** hereby to furnish material and labor - complete in accordance with above specifications, for the sum of:

Payment to be made as follows: _____ dollars (\$ _____).
DUE UPON COMPLETION

Authorized Signature Brad Wisen

Note: This proposal may be withdrawn by us if not accepted within 30 days.

Acceptance of Proposal - The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Date of Acceptance 9/15/08

Signature _____

Signature James Matthew Noll

ATTACHMENT 8 Page 1 of 1

STATE OF KANSAS

DEPARTMENT OF HEALTH AND ENVIRONMENT DIVISION OF ENVIRONMENT

Hazardous Waste Management Facility Permit Part I

In accordance with the provisions of Kansas Statutes Annotated 65-3430 et. seq. permission is hereby granted to:

Operator: *Hydrocarbon Recyclers, Incorporated of Wichita*

Owner: *Hydrocarbon Recyclers, Incorporated*

Facility Name: *Hydrocarbon Recyclers, Incorporated of Wichita*

Location: *2549 North New York
Wichita, Kansas*

EPA Identification Number: *KSD007246846*

for storage and/or treatment of hazardous waste in Subpart X units, containers and tanks.

This permit is being issued in accordance with rules and regulations of the Department of Health and Environment and the following-named conditions and requirements to wit: The Permittee must comply with all terms and conditions in Section I through Section V of this permit. The permit consists of the conditions contained herein, including those in any attachments, the permit application and all applicable hazardous waste regulations contained in K.A.R. 28-31-1 through 28-31-14 in effect on the date of issuance of this permit. It shall remain in effect even if the Hazardous and Solid Waste Amendments permit (Part II) is terminated or expires.

This permit shall become effective at 12:01 a.m. on April 7, 1995 and shall remain in effect until April 7, 2005 unless revoked and reissued, or terminated or continued in accordance with K.A.R. 28-31-9.

Done at Topeka, this 29th day of March 1995



James J. O'Connell
James J. O'Connell, Secretary
Kansas Department of Health and Environment

II.D. SECURITY

The Permittee shall comply with the security provisions of 40 CFR 264.14(b)(2) and (c) and the Facility Security - Section B-5 of the Part B permit application.

The Permittee must prevent the unknowing entry, and minimize the possibility for the unauthorized entry, of persons or livestock onto the active portions of this facility. An artificial or natural barrier which completely surrounds the active portion of the facility and a means to control entry through gates or other entrances to the facility must be maintained at all times.

In addition, the Permittee must post signs bearing the legend "Danger - Unauthorized Personnel Keep Out" and "No Smoking" at each entrance to the active portion of the facility and at other locations in sufficient numbers to be seen from any approach to the facility. This legend must be written in English and must be legible from a distance of at least 25 feet.

The Permittee will advise the Department if unauthorized entry occurs at the facility which causes hazardous waste to be discharged, the nature of problems, if any, that resulted from this occurrence and the corrective action taken by the facility to prevent future happenings. This includes any tampering, destruction, or loss at the facility which causes a release of hazardous waste.

II.E. GENERAL INSPECTION REQUIREMENTS

The Permittee shall comply with the inspection requirements of 40 CFR 264.15, 264.174, and 264.195. The Permittee shall follow the inspection schedule set out in Inspection Schedule - Section F-3 of the Part B permit application. The Permittee shall remedy any deterioration or malfunction discovered by an inspection, as required by 40 CFR 264.15(c). Records of inspection shall be kept on-site, as required by 40 CFR 264.15(d).

II.F. PERSONNEL TRAINING

The Permittee shall conduct personnel training, as required by 40 CFR 264.16. This training shall follow the Training Program - Section I-1 and I-2 of the Part B permit application. The Permittee shall maintain training documents and records, as required by 40 CFR 264.16(d) and (e).

II.G. SPECIAL PROVISIONS FOR IGNITABLE, REACTIVE, OR INCOMPATIBLE WASTE

The Permittee shall comply with the requirements of 40 CFR 264.17(a). The Permittee shall follow the procedures for handling ignitable, reactive, and incompatible wastes set forth in: 1) General Container Management Practices - Section D-3, 2) Operational Practices - Section E-3, and 3) Prevention of Reaction of Ignitable, Reactive and Incompatible Wastes - Section G-6 of the Part B permit application respectively.